



May 17, 2019

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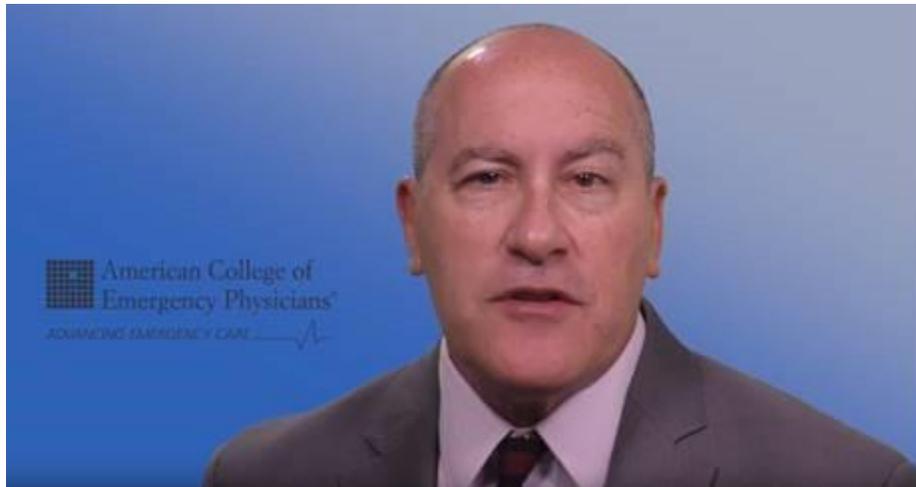
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Surprise Billing

Building on the advocacy efforts of ACEP members at LAC last week and following the recent White House briefing on surprise billing, ACEP President Dr. Vidor Friedman has been busy this week advocating on Capitol Hill. On Wednesday, Dr. Friedman spoke at an ACEP co-hosted congressional staff briefing on surprise billing, which included representatives from several other specialties, such as the American Society of Anesthesiology and the American College of Surgeons.



Please click here to view a video update from ACEP President Dr. Vidor Friedman about surprise billing: <https://www.youtube.com/watch?v=ptPgN3cm2tY&t=13s>.



ACEP Washington DC staff are evaluating the various proposals circulating on Capitol Hill and will be back in touch next week with detailed analysis.

Mental Health Action Alert: Ask your Lawmaker to Cosponsor S. 1334/ H.R. 2519

Earlier this week, you and other members of the 911 Legislative Network received an action alert email asking you to contact your lawmakers to cosponsor S. 1334/ H.R. 2519, the Improving Mental Health Access from the Emergency Department Act. This new legislation was drafted by ACEP and introduced on May 3 and would provide additional resources for patients with acute mental health needs who seek care in the ED due to a critical shortage of inpatient and outpatient resources. It was introduced in the House of Representatives by Rep. Raul Ruiz (D-CA), who is also a board-certified emergency physician, and in the Senate by Sens. Shelley Moore Capito (R-WV) and Maggie Hassan (D-NH).

While on Capitol Hill during ACEP's Leadership and Advocacy Conference last week, hundreds of emergency physicians educated legislators about the challenges they face providing care for psychiatric patients in the emergency department and asked for their co-sponsorship of this important legislation. At the time, we did not have bill numbers assigned to the legislation. Now that we do, **we want all members of the 911 Network to reach out to your legislators to ask for their support and co-sponsorship to keep the momentum going on this issue.**

Please click here to [Ask your US Legislators to Co-Sponsor the Improving Mental Health Access from the Emergency Department \(S. 1334/ H.R. 2519\)](#) today!

ACEP meets with SAMHSA Leadership

On Wednesday, ACEP met with [Dr. Elinore McCance-Katz](#), who leads the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S Department of Health and Human Services (HHS).

During our meeting with Dr. McCance-Katz, we discussed issues that are extremely important to emergency physicians and our patients, including the ability to administer buprenorphine in the ED for patients with opioid use disorder and how to improve care for patients with mental health illnesses. ACEP mentioned the resources and tools that we have created to help our physicians and patients, highlighting the EM-specific Drug Addiction Treatment Act (DATA 2000)/Medications for Addiction Treatment waiver training course that is now being offered to our members, as well as new web-based and mobile device applications around opioids and the management and treatment of suicidal patients.

One of SAMHSA's major goals is to boost the community resources that are available to help clinicians across specialties treat patients with substance abuse disorders and mental illnesses. We expressed our commitment to helping SAMHSA achieve the goal and identified opportunities to work together going forward.

CMS Releases Final Rule on the Medicare Advantage and Medicare Part D Programs

On Thursday, CMS released a [final rule](#) that would make changes to the Medicare Advantage (Part C) and Medicare Part D Prescription Drug Programs. Specifically, the rule:

- Allows Medicare Advantage plans to implement step therapy for Medicare Part B drugs as a recognized utilization management tool;
- Requires the Part D Explanation of Benefits that Part D plans send members to include drug price increases and lower cost therapeutic alternatives starting in 2021; and
- Implements a statutory requirement that restricts Part D sponsors from prohibiting or penalizing a pharmacy from disclosing a lower cash price to an enrollee.

CMS is not finalizing a proposal that would have changed the current formulary requirements for the six protected classes under Part D. In ACEP's [comments](#) on the proposed rule, we had opposed this proposal. We had stated in our response that any modifications to the protected classes requirements could pose significant risks to patients.



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